

THE RYAN WHITE HIV/AIDS PROGRAM

POPULATION FACT SHEET: AUGUST 2012

TRANSGENDER PEOPLE

Transgender describes someone who identifies with a gender that differs from their assigned sex at birth. As a traditionally marginalized and underserved population, transgender people face significant and unique barriers to accessing care.

SURVEILLANCE

Data on HIV prevalence in the transgender community are hindered by a lack of uniform collection at the national level. As a result, the total number of transgender people who are HIV positive remains unknown. Recent studies place HIV prevalence in this population among the highest in the Nation.^{1,2}

Transgender Women

A *transgender woman*, or *transwoman*, is someone who was assigned as male at birth, but identifies as a woman and has a female gender identity. Transwomen are also referred to as male-to-female, or MTF.

- It is estimated that transwomen suffer from HIV infection rates greater than any other subpopulation, including very high-risk populations such as men who have sex with men (MSM) and partners of people living with HIV/AIDS (PLWHA).
- A U.S. Centers for Disease Control and Prevention (CDC) meta-analysis of 29 studies found an average weighted HIV prevalence rate of 16 percent among transwomen in studies where participants self-reported their HIV infection. However, in studies where participants were tested, the average weighted prevalence rate was even higher at 28 percent.¹ This underscores the need for increased HIV testing and outreach with this population.
- The same meta-analysis found that African-American transwomen were particularly affected, reporting prevalence of HIV infection at 56 percent when tested, and 31 percent self-reported.¹

Transgender Men

A *transgender man*, or *transman*, also known as female-to-male (FTM), is someone who was assigned as female at birth, but identifies as a man and has a male gender identity.

- Compared with transwomen, HIV prevalence is relatively low in transmen based on the data that is currently available. Studies report only around 1 to 3 percent of transmen are infected with HIV. However, transmen may still be at risk for infection, and more data are needed to better understand how HIV affects this population.^{3,4,5}
- Although HIV prevalence among transmen is much less than among transwomen, a study of transmen who have sex with nontransmen (commonly referred to as gay transmen or trans MSM) found they consistently reported not using condoms during receptive anal or vaginal sex.⁶ Although trans MSM have reportedly low incidence, their sexual partners (nontrans MSM) have high rates of HIV, placing trans MSM at increased risk for HIV infection.

CRITICAL ISSUES

Health Care Issues

Transgender people face a host of unique and population-specific health disparities and challenges that contribute to their risk for HIV. There is a great deal of mistrust of the health care system in this population, since many transpeople have had negative experiences with health care providers.⁷ Misinformation and misconceptions about transgender people are prevalent.

Transgender people are often viewed as a single demographic, but this community is very diverse with some particularly unique aspects. Transpeople may identify with different sexual or gender identities, may not self identify as “trans,” and may or may not seek hormonal or sexual reassignment surgery. This can make engaging transgender people in care especially difficult.⁸



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Legal and Systemic Barriers

Transgender people encounter many systemic and legal barriers to care services. Hormone therapy and sexual reassignment procedures are rarely covered by health insurance carriers. Barriers to substance abuse treatment can arise from provider insensitivity, strict gender segregation in in-patient settings, and hormone use viewed as continuing substance abuse.^{9,10,11}

Transpeople's name and gender often do not match those shown on identification documents, which only use sex as an identifier. This can cause obstacles to not only health care access but also to employment and to Social Security.⁷ Identification problems arise in electronic medical records as well, which often do not have transgender-specific options for sex/gender fields.¹²

Discrimination

Transgender people struggle against an overwhelming societal stigma. This is exacerbated by misinformation, a lack of public understanding of the needs of this population, and the lack of appropriate training for medical providers. This constant stigma can lead to lower self-esteem and depression. Transpeople also suffer from social marginalization, which manifests itself in the denial of employment, housing, and educational opportunities.¹³

High Risk Behaviors

Some transwomen use silicone injection as a faster, cheaper alternative to cosmetic surgery and hormone therapy to achieve a more feminine physique. However, there are many health risks associated with silicone injection. Transwomen may attend "pump parties" where they take turns injecting silicone, often in unsanitary conditions. The sharing of injection needles carries the risk for HIV and hepatitis. Silicone can harden and migrate over time, leading to serious systemic illness, disfigurement, or in some cases even death.¹⁴

Risk of HIV infection in transwomen is exacerbated by the high proportion of the transgender population that is engaged in survival sex and sex work. One study reported that over one-half of transwomen had a history of sex work. Transwomen may also be driven to survival sex and sex work because

of homelessness as a result of housing and employment discrimination.^{1,3,15,16}

Sexual and physical violence against transwomen is another significant concern. The San Francisco Health Department found that 59 percent of transwomen in their study had been raped, while another study reported that over 50 percent had been harassed, with 25 percent reporting that they were victims of violent incidents.^{7,17,18,19}

THE RESPONSE OF THE HIV/AIDS BUREAU

In 2010, 4,269 transgender people (.8 percent of all clients) were served by the Ryan White HIV/AIDS Program.*

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau is committed to providing the highest quality care, as well as broadening its capacities to address the needs of the transgender community. In 2011, HRSA released a comprehensive *HRSA CAREAction* newsletter and accompanying online resource guide about transgender health and HIV/AIDS (see <http://hab.hrsa.gov/deliverhivaids/careactionnewsletter.html>).

HRSA has supported efforts to bolster and develop community-based health care networks that reduce barriers to early HIV identification and ensure entry to high-quality primary health care among at-risk populations. In 2005, HRSA convened a community consultation meeting to discuss barriers to transgender care and ways to meet the needs of this population (see www.careacttarget.org/library/TransgenderReport.pdf).

Other HRSA materials addressing the impact of HIV/AIDS among the transgender population include a best practices document for transgender health (see <http://careacttarget.org/library/tgguidelines.pdf>). HRSA is also launching a Special Projects of National Significance (SPNS) project specifically targeting transgender populations, scheduled to begin in September 2012.

* U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). 2010 *Ryan White HIV/AIDS Program Services Report*.

NOTES

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